

Requests for CPS History (Background Checks)

33-6-12.1

Policy :

The Department of Children and Families is responsible for providing information regarding child abuse and neglect registry checks to other states for persons applying to be foster and/or adoptive parents, as well as in-state adoption agencies, hiring agencies, private care providers and non-profit groups. This function is carried out by the Hotline, located in the DCF Commissioner's Office.

Cross reference: DCF Policies 33-30, Central Registry – Victims and Policy 31-8-5, Confidentiality regarding records disclosure to persons or entities actively pursuing investigations of child abuse and neglect

Legal Reference - **Public Law 109-248 Sec. 151 and 152**

Information Requirements :

In order to obtain a background search from the Department of Children and Families in the State of Connecticut for the purposes listed above, the applicant (subject of the search) is required to clearly complete an authorization of release of information. This release must be signed and dated by the applicant.

The release of information must include the following information:

- purpose of release - employment, adoption, day care, foster care
- full name, clearly printed and spelled
- date of birth
- address – include all addresses for the last FIVE years
- Social Security Number
- other names used – maiden, previous and marriage
- name of spouse and date of birth
- name of other adults in home (anyone over the age of 16) and date of birth
- name of all children- biological & step and their dates of birth

Note: Should the release be for the purpose of an in home service, i.e. adoption or foster care, each adult in the home must provide the required information, sign and date the release.



AUTHORIZATION FOR RELEASE OF INFORMATION FOR DCF CPS SEARCH



I, _____ do hereby authorize the Department of Children and Families to research

(print applicant name)

their records for any and all information concerning charges, findings, dispositions, etc. relating to child abuse or neglect in which I / my family have been named, and to release it to the agency listed below.

I understand that this information will be used solely to determine my suitability for (check one):

☐ employment ☐ day care ☐ foster care ☐ adoption ☐ volunteer
☐ Intern ☐ mentor

by: _____
(Agency name / address / city / state / zip code)

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

PLEASE PRINT CLEARLY IN INK/If not applicable indicate so

For DCF Use

NAME _____ Date of Birth ____/____/____
Last First Middle

ADDRESS _____ Social Security Number (SSN) ____/____/____
Street [No P.O. Boxes] Apt# City
State Zip Code How long at current address? _____ YRS _____ MOS

PREVIOUS ADDRESS(es) / LIST ALL FOR THE LAST FIVE YEARS (continue on reverse side of form if necessary)

ADDRESS _____ ☐ check if reverse side used
Street [No P.O. Boxes] Apt# City
State Zip Code From _____ Until _____ (Mo/Yr)

ADDRESS _____
Street [No P.O. Boxes] Apt# City
State Zip Code From _____ Until _____ (Mo/Yr)

OTHER NAMES I HAVE USED: _____
Including MAIDEN, PREVIOUS MARRIAGE(s): Last First Middle
Last First Middle

☐ check if reverse side used

NAMES OF SPOUSES/other ADULTS IN THE HOME: _____
Past and present Last First Middle / DOB
Social Security Number (SSN) * Signature / Date *(if still in the home)

☐ check if reverse side used

NAMES of ALL CHILD(REN): _____
Biological, Stepchildren Including adult children in or out of the home Last First Middle sex / DOB
Last First Middle sex / DOB

☐ check if reverse side used

DATE: _____ APPLICANT SIGNATURE: _____

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE. .

FORMS NOT FILLED OUT COMPLETELY AND PRINTED CLEARLY WILL BE RETURNED*****DCF conducts a search of the CT Registry ONLY*****